

Minutes of the meeting of the Quality and Patient Safety Committee of the Board of Directors of the Cook County Health and Hospitals System held Wednesday, April 10, 2013 at the hour of 8:30 A.M. at 1900 W. Polk Street, in the Second Floor Conference Room, Chicago, Illinois.

I. Attendance/Call to Order

Chairman Michael called the meeting to order.

Present: Chairman Edward L. Michael and Directors Luis Muñoz, MD, MPH and Carmen Velasquez (3)

Director Hon. Jerry Butler

Absent: None (0)

Additional attendees and/or presenters were:

David Barker, MD – Ruth M. Rothstein CORE
Center of Cook County

Randolph Johnston – System Associate General
Counsel

Irene Marks – Ambulatory and Community Health
Network of Cook County

Enrique Martinez, MD – Medical Director,
Outpatient Services

Ram Raju, MD, MBA, FACS, FACHE – Chief
Executive Officer

Elizabeth Reidy – System General Counsel

Deborah Santana – Secretary to the Board

John Jay Shannon, MD – Chief of Clinical
Integration

Stephen Stabile, MD - Ambulatory and Community
Health Network of Cook County

Ozuru Ukoha, MD – John H. Stroger, Jr. Hospital of
Cook County

Pierre Wakim, MD – Provident Hospital of Cook
County

II. Public Speakers

Chairman Michael asked the Secretary to call upon the registered speakers.

The Secretary called upon the following registered speaker:

1. George Blakemore Concerned Citizen

III. Report from System Interim Director of Quality and Patient Safety (Attachment #1)

Dr. John Jay Shannon, Chief of Clinical Integration, presented the April 2013 Quality Report from the Ambulatory and Community Health Network of Cook County (ACHN). He introduced the following individuals from ACHN, who provided an overview of the report: Dr. Stephen Stabile, Chair of the ACHN Quality Council; and Irene Marks, APN, Interim Director of Quality and Accreditation for ACHN. Subjects reviewed in the report included the following: ACHN Patients – data, demographics, prevalence of chronic disease and financial class; ACHN Quality Council; Quality Committees; current Committee initiatives; Quality monitoring; 2012 National Patient Safety Goals Compliance; strategy for improvement; Patient-Centered Medical Home Initiative; and ACHN Quality Goals. The Committee discussed the information.

An error was noted on page 5 of the presentation. Ms. Marks indicated that the information should reflect that 56% of the ACHN patients are female, and 44% of the patients are male.

III. Report from System Interim Director of Quality and Patient Safety (continued)

Chairman Michael noted that 65% of the patients in 2012 were uninsured, according to the information presented. He asked whether the administration knows what percentage of that 65% might be eligible for CountyCare. Dr. Ram Raju, Chief Executive Officer, responded that, as reflected on page 5 of the presentation, the patients between the ages of 25-64 (70%) and 19-24 (8%) would be eligible; the only exception to this would be those undocumented residents included within the two groups. In response to Chairman Michael's question regarding the percentage of undocumented residents within those two groups, Dr. Raju stated that he was unsure, but indicated that he would follow-up on the question¹.

Chairman Michael inquired whether data is available regarding patient compliance with medications for those patients being treated for hypertension. He stated that, as the System moves to a medical home model, it will be important to be able to follow patients with chronic conditions and make sure they are taking their medications; it is relatively inexpensive to prescribe hypertension medication – if the patient takes the medication, the condition is able to be controlled, in a lot of cases. Dr. Enrique Martinez, Medical Director of Outpatient Services, stated that this data should be available; he indicated that he will produce a report².

Chairman Michael noted that the System will need to become more intensive in follow-up and tracking of patients. He inquired regarding the status of the implementation of information technology strategies for this purpose. Dr. Stabile responded that a care management application or patient registry is being built specifically for the System by staff in the Information Technology (IT) Department. Chairman Michael asked whether this application would allow for the ability to communicate directly with the patients. Dr. Stabile responded that this application is an internal tool; it is not a patient portal. Chairman Michael inquired whether there is a text messaging system that is linked to the day-of-care plan that can be used to remind patients to take their medication, especially for those patients with chronic diseases and conditions. Dr. Stabile responded that this concept is the next evolution that the IT Department is working on, in order to have better ways of connecting with the patients. Dr. Shannon stated that this concept is one that is currently being tested in clinical trials. Dr. Stabile noted that, with regard to the System's specialty referral system, IRIS, patients get text messages and/or emails to notify them of their appointments and reminders. Dr. David Barker, Chief Medical Officer of the Ruth M. Rothstein CORE Center of Cook County, provided additional information regarding the subject. He stated that having a patient portal is a Meaningful Use requirement; staff from Health Information Systems and Cerner are working on creating a patient portal. He indicated that he is not sure whether text messaging will be included as a feature, but he stated that it will have several features for patients to access, including health education information and test results.

With regard to care management, Director Velasquez inquired whether community health workers are currently part of the care management team. Dr. Stabile responded in the negative. Director Velasquez stated that community health workers help to support change in the behavior of the patient; their services are integral to the provision of primary care and the patient-centered medical home.

Chairman Michael stated that great improvements have been made to improve the ability to electronically order medications and get them to the patient. He asked whether the percentage is known of those patients who fail to get their prescription the first time it is ordered. Dr. Stabile responded that he believes the percentage is very low, as the ability to address those types of issues is so much better now. Dr. Raju noted that, in the future, that percentage should shrink even further, because the CountyCare patients will have a pharmacy benefit management company; those patients will be able to get their prescriptions filled at their local pharmacy and will not be limited to having to have their prescriptions filled at Stroger Hospital or at Oak Forest Health Center.

IV. Action Items

A. Minutes of the Quality and Patient Safety Committee Meeting, March 13, 2013

Director Velasquez, seconded by Director Muñoz, moved to accept the Minutes of the Quality and Patient Safety Committee Meeting of March 13, 2013. THE MOTION CARRIED UNANIMOUSLY.

B. Request for authorization to enter into clinical training agreements

This item was deferred.

C. Any items listed under Sections IV, V and VI

V. Recommendations, Discussion/Information Items

A. Reports from the Medical Staff Executive Committees

- i. Provident Hospital of Cook County**
- ii. John H. Stroger, Jr. Hospital of Cook County**

Dr. Pierre Wakim, President of the Executive Medical Staff (EMS) of Provident Hospital of Cook County, presented his report. The EMS met on Friday, April 5th; additionally the quarterly Medical Staff Dinner was held yesterday. At the meetings, an information technology update was provided; there were no quality issues presented. Dr. Wakim indicated that the Emergency Medicine yearly update is scheduled to be presented at the Provident Joint Conference Committee Meeting scheduled for later that morning. He noted that staff is trying to rejuvenate the working group committee that was previously in place for the purpose of discussing the best way to utilize resources at Provident Hospital.

With regard to the Bylaws of the Medical Staff of Provident Hospital of Cook County, Dr. Wakim stated that they are complete. They were sent to the State's Attorney's Office; EMS will need to convene one more time; following that activity, it is expected that the complete changes will be brought to this Committee for approval.

Dr. Ozuru Ukoha, President of the EMS of Stroger Hospital of Cook County, presented his report. He stated that the EMS met yesterday. A report was received from the Medical Records Committee. He stated that the goals of that Committee remain; the goals are to improve the documentation for the purpose of communication, regulatory requirement, and now billing. He stated that avoiding delinquencies is an issue. It is recognized that there is a need to somehow disseminate information regarding delinquencies well before the chart becomes delinquent; this is an ongoing chronic issue, but it is recognized and efforts are being made to address the issue.

VI. Closed Session Item

A. Medical Staff Appointments/Re-appointments/Changes (Attachment #2)

Note: the Committee did not recess the regular session and convene into closed session.

VI. Closed Session Item

A. Medical Staff Appointments/Re-appointments/Changes (continued)

Director Muñoz, seconded by Director Velasquez, moved to approve the Medical Staff Appointments/Re-appointments/Changes. THE MOTION CARRIED UNANIMOUSLY.

VII. Adjourn

As the agenda was exhausted, Chairman Michael declared that the meeting was ADJOURNED.

Respectfully submitted,
Quality and Patient Safety Committee of the
Board of Directors of the
Cook County Health and Hospitals System

XXXXXXXXXXXXXXXXXXXXXXXXXXXX
Edward L. Michael, Chairman

Attest:

XXXXXXXXXXXXXXXXXXXXXXXXXXXX
Deborah Santana, Secretary

¹ Follow-up: question regarding the percentage of undocumented residents within the 65% of the ACHN patients in 2012 that were uninsured. Page 2.

² Follow-up: report to be provided in response to request for report/data regarding patient compliance with medications for those patients being treated for hypertension. Page 2.

Cook County Health and Hospitals System
Quality and Patient Safety Committee Meeting Minutes
April 10, 2013

ATTACHMENT #1

ACHN Quality

1

APRIL 2013

ACHN Quality

2

- Irene Marks, APN, Interim Director of Quality and Accreditation
- Irv Pikelny, RHIA, Associate Director of Quality
- Doris Kelly, RN, Quality Nurse
- Steve Stabile, MD-Chair, Quality Council
- Frank Zayyad, AAIH

Who are our ACHN patients?

3

- Calendar year 2012 data
- Demographics
- Prevalence of chronic disease
- Financial Class
- Includes primary, intermediate and specialty care

Race/Ethnicity

4

- **53% African American**
- **21% White**
- **28% Latino/Hispanic/Spanish origin**
- **4.6% Asian**

Age/Gender

5

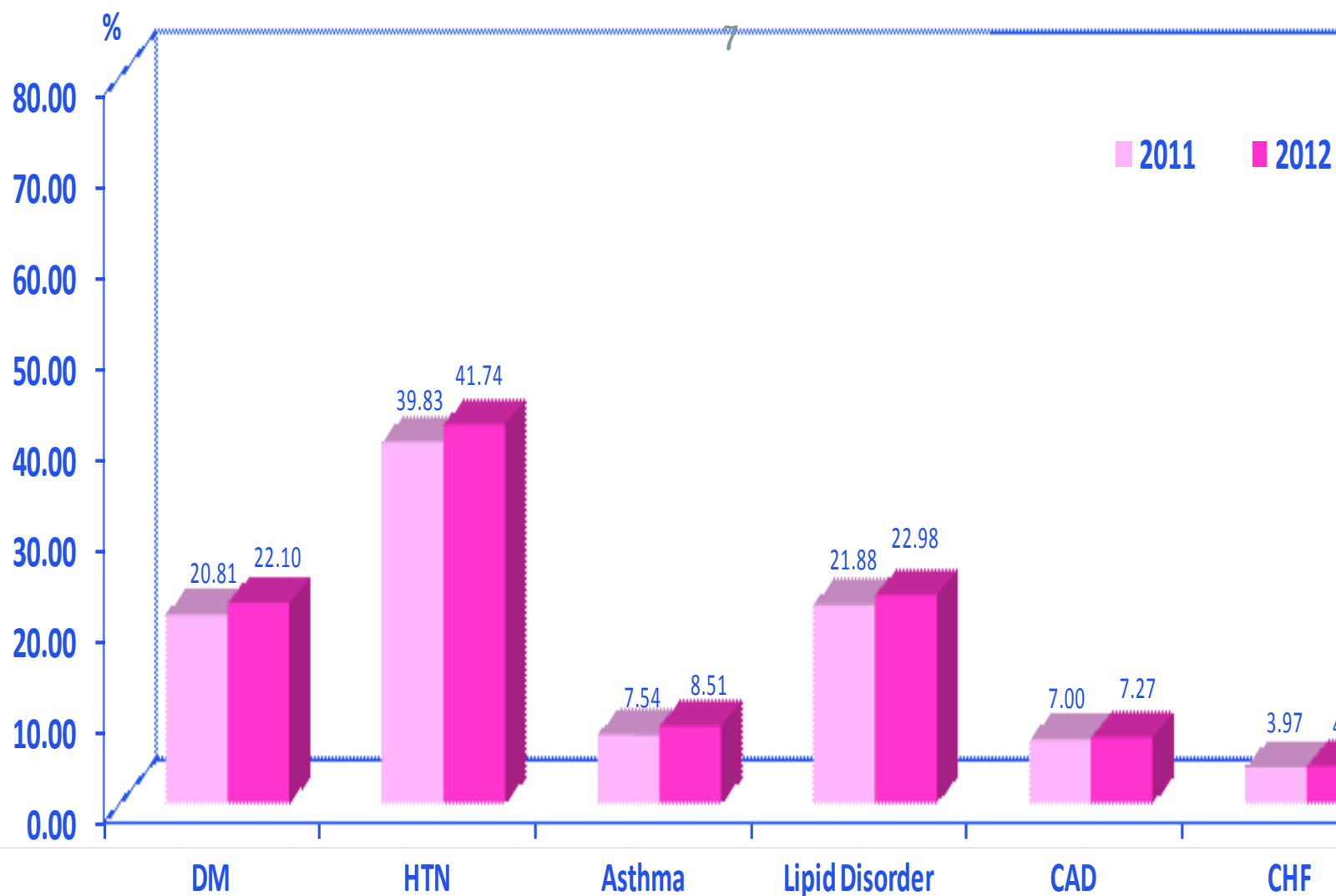
- 56% male
- 44% female
- 70% age 25-64
- 11% >65
- 8% age 19-24

Financial Class

6

- **65% Uninsured**
- **18% Medicaid**
- **13% Medicare**
- **4% Other insurance**

ACHN Adult Chronic Disease: 2011 vs. 2012



ACHN Chronic Disease Ranking: Adult with Diabetes 2012

Health Center/Clinic	%	Rank
Logan Square	46.62	1
Fantus GMC	45.77	2
Prieto	38.61	3
Woody Winston	33.21	4
OFA Specialty ³	32.19	5
Austin	31.33	6
Englewood	30.85	7
Vista	30.13	8
Robbins	30.01	9
Near South	28.73	10
Cottage Grove	27.63	11
Woodlawn	26.53	12
Cicero	26.18	13
Sengstacke Primary Care	25.92	14
Sengstacke Specialty	25.06	15
SCC	23.21	16
Fantus Other ²	23.04	17
OFA Primary	22.71	18
Fantus ASC	19.39	19
Fantus Peds	10.38	20
Morton East	0.58	21
Children Advocacy	0.00	22

ACHN Chronic Disease Ranking: Adult Patients with HTN 2012

Health Center/Clinic	%	Rank
Fantus GMC	80.54	1
Englewood	74.59	2
Austin	70.44	3
Woody Winston	68.33	4
Sengstacke Primary Care	64.94	5
Near South	64.73	6
Woodlawn	62.87	7
Robbins	61.71	8
OFA Specialty ³	60.73	9
Cottage Grove	59.11	10
Sengstacke Specialty	56.11	11
Logan Square	51.90	12
Prieto	46.67	13
SCC	42.74	14
Vista	42.53	15
OFA Primary	41.99	16
Cicero	38.06	17
Fantus ASC	36.00	18
Fantus Other ²	33.81	19
Fantus Peds	16.43	20
Children Advocacy	11.11	21
Morton East	0.58	22

ACHN Chronic Disease Ranking: Adult Patients with Asthma 2012

Health Center/Clinic	%	Rank
Fantus Peds	18.46	1
Sengstacke Primary Care	16.08	2
Near South	14.82	3
Englewood	14.35	4
Sengstacke Specialty	14.21	5
Austin	13.20	6
Fantus GMC	12.72	7
Woodlawn	12.07	8
Woody Winston	12.01	9
Fantus Other ²	11.37	10
Cottage Grove	10.93	11
OFA Specialty ³	10.81	12
Robbins	9.30	13
OFA Primary	8.66	14
SCC	8.39	15
Logan Square	7.83	16
Fantus ASC	7.34	17
Vista	5.90	18
Prieto	5.52	19
Cicero	5.26	20
Morton East	3.47	21
Children Advocacy	0.00	22

What's notable on previous slides

11

- Leading ACHN Diagnoses are chronic illnesses;
 - **Diabetes, Hypertension and Asthma**
- A large, growing proportion of ACHN utilization
- Opportunities for improving care model and population health status
- Sensitive to **PCMH** key **Transformation** Concepts

ACHN Quality Council

12

- Meets monthly
- Alternating Quality and Accreditation focus
- Interdisciplinary
- Committee structure
 - Review Quality data
 - Recommend Improvement strategies/initiatives
 - Develop and approve clinical guidelines

Quality Committees

13

- Chronic Disease-Anne Jacobson, MD
- Preventative-Emeka Ezike, MD
- Pediatrics-Denise Cunill, MD
- Maternal-Open
- Access-Enrique Martinez, MD, CMO
- Behavioral-Open
- Occurrences/complaints-Irene Marks, RN
- Accreditation-Irene Marks, RN
- Liaison to Lab Committee-Nevenka Maric, MD

Current Committee Initiatives

14

- Cervical cancer screening guidelines
- Analysis of care of poorly controlled diabetics
- ACHN Guidelines for diabetes management
 - ABC's: Blood Glucose (A1c), Hypertension(BP) &
 - Dyslipidemia(Cholesterol)
- Development of network-wide ambulatory maternal care guidelines
- Depression screening, diagnosis and treatment pilot
- Developmental screening in children

Summary: Poorly controlled diabetics

280 charts, pts w/A1c >10, 20% random sample each site

15

- **Goal- To determine:**
 - Where to target resources
 - Site specific issues to be addressed by Leadership
 - Determine needed targeted provider education, intervention
- **Patient Challenges Identified**
 - Multiple co-morbidities
 - Poor adherence w/meds and lifestyle recommendations
 - Poor show-rates for appointments
 - Failure to complete lab tests as ordered
 - Reluctance/fear of medications/insulin

Diabetes study cont'd

16

- **Provider challenges in management:**
 - Clinical measures not addressed sufficiently by therapeutic changes and intervals to assess impact of action too long
 - Cut/paste pre-completed
 - Note “poor compliance” w/o exploration of cause
 - Missed opportunities to check labs
 - Missed opportunities to address poor glycemic control
 - Competing clinical priorities

Diabetes study cont'd

17

- **PCMH Key Strategies for Improvement**
 - Systematic, prompt follow up of no-shows by care coordination
 - Increased non-provider clinical support between visits by RNs and CMAs
 - IT support to better manage/track for highest need patients by a Patient Registry or Care Management App
 - Enhanced support for patient self-management through care management, group visits, health educators
 - Coordination of specialty and primary care

Depression Care: Modified IMPACT Model

18

- Universal screening of adults
- Development of adolescent strategy
- PHQ9 screening tool
- Diagnostic training and support
- Treatment guidelines
- Patient Care Management
- Consultative psychiatric care
- Model for network-wide behavioral health integration

Quality Monitoring

19

- **Care of Diabetics**
 - Glucose Control
 - Lipid Control
- **Pediatric Immunizations**
- **Influenza Vaccination**

Diabetes 2012

20

23557 unique diabetic patients had an ACHN primary care clinic visit **Jan. thru Dec, 2012.**

87.3% had an **A1c test** within the previous 1 year, (**Bmk: 82%**).

79.6% had an **LDL test** within the year (**Bmk: 81%**) and

23.7% had **A1c result > 9.0** (**Bmk: <29%**)

55.3% had **LDL result <100** (Hedis HMO **Bmk: 47.7**)

Pediatric Immunization

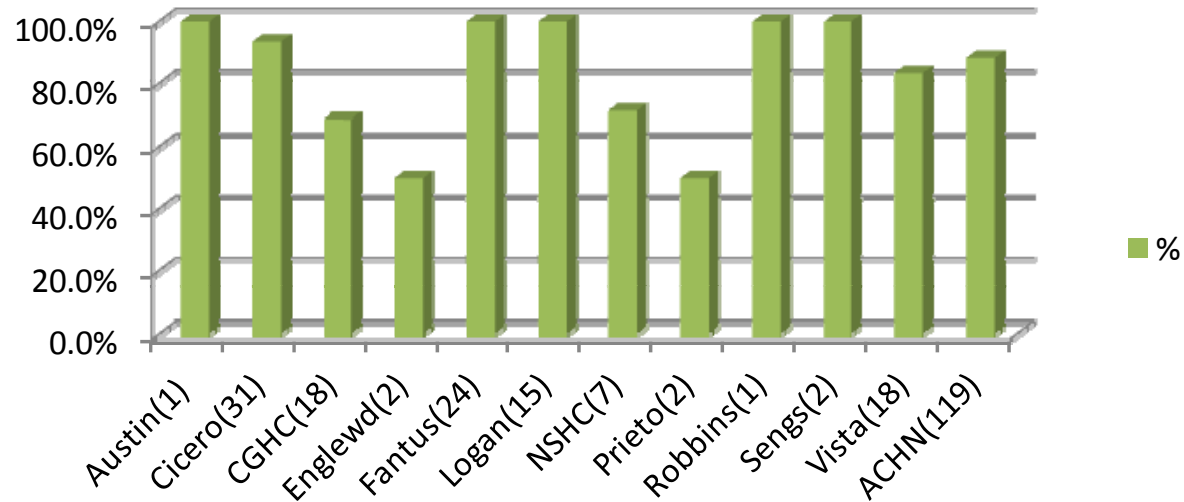
21

- **Primary Series of immunizations by age 2**
- **Includes:**
 - Dtap
 - IPV
 - Hib
 - Hep B
 - MMR
 - Varicella
- **Not included, but focus remains:**
 - PCV
 - Hepatitis A

Peds Immunizations

22

Qtr 4 2012 24 mo. Immunizations UTD%



CY 2012 Peds Immunizations

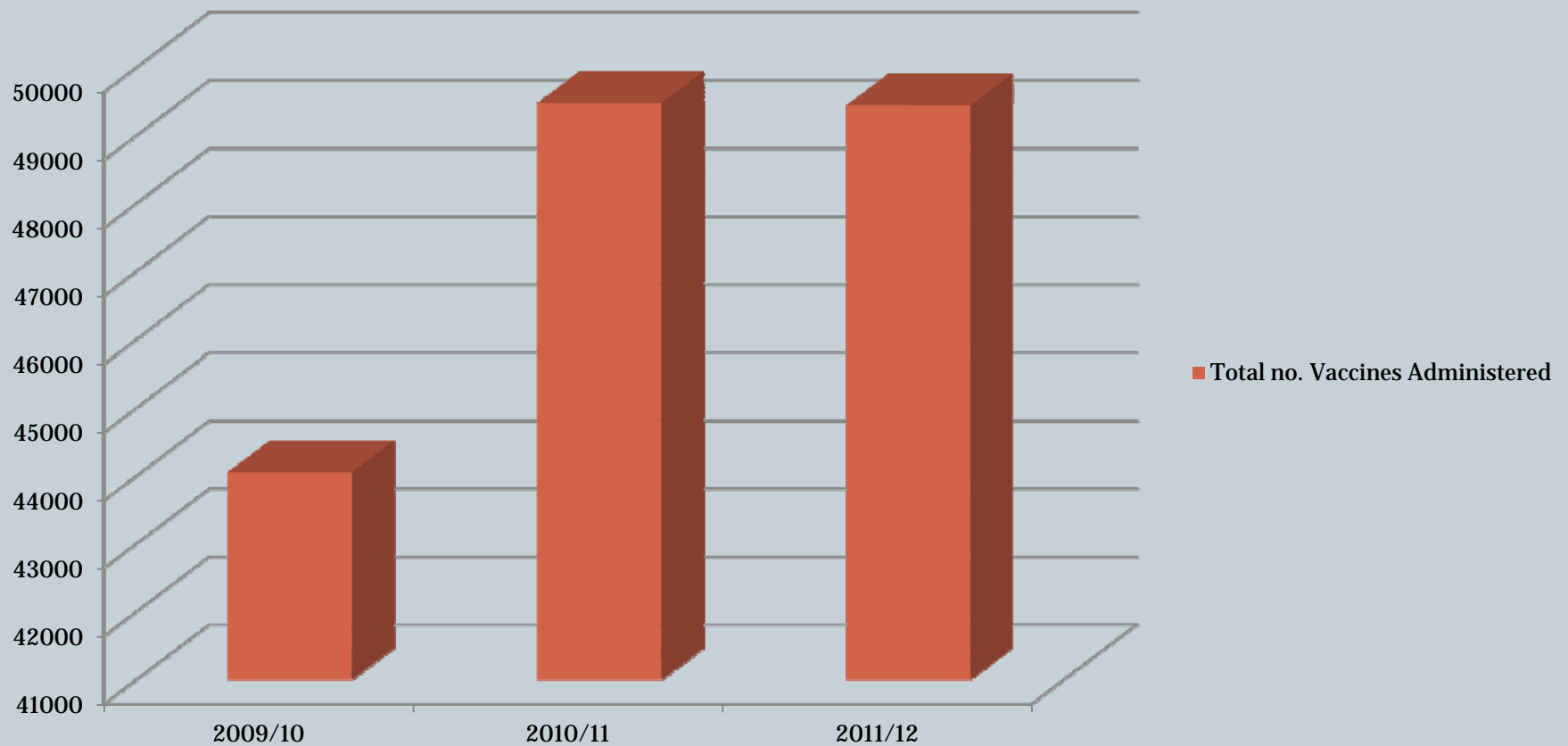
446 ACHN (IHC) patients reached 2 years of age **Jan-Dec 2012**

349 **78.3%** of these were up-to-date for (combo3) immunizations (IHC **B'mk 71%**)

Influenza Immunization 2009-2012

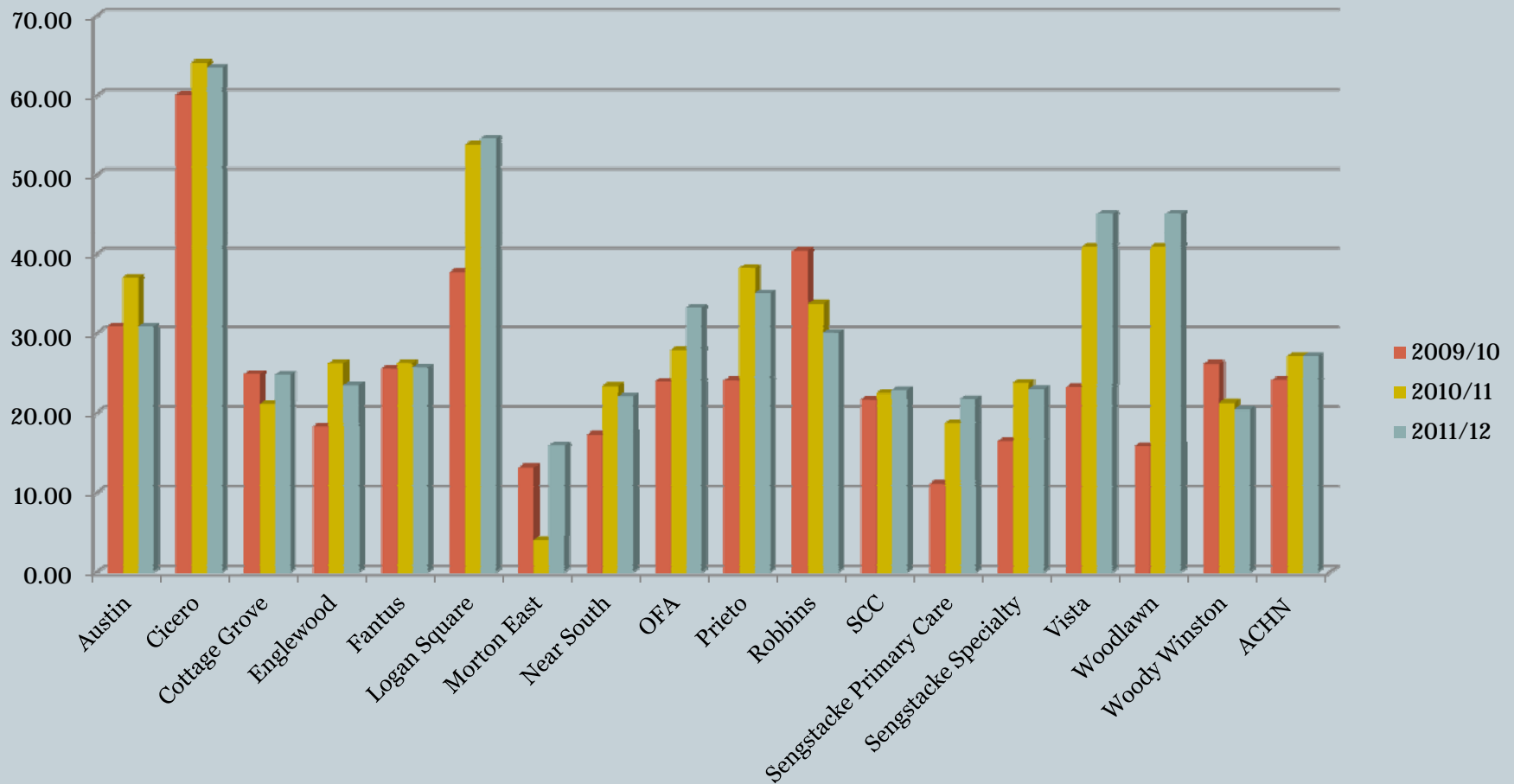
23

Vaccines Administered



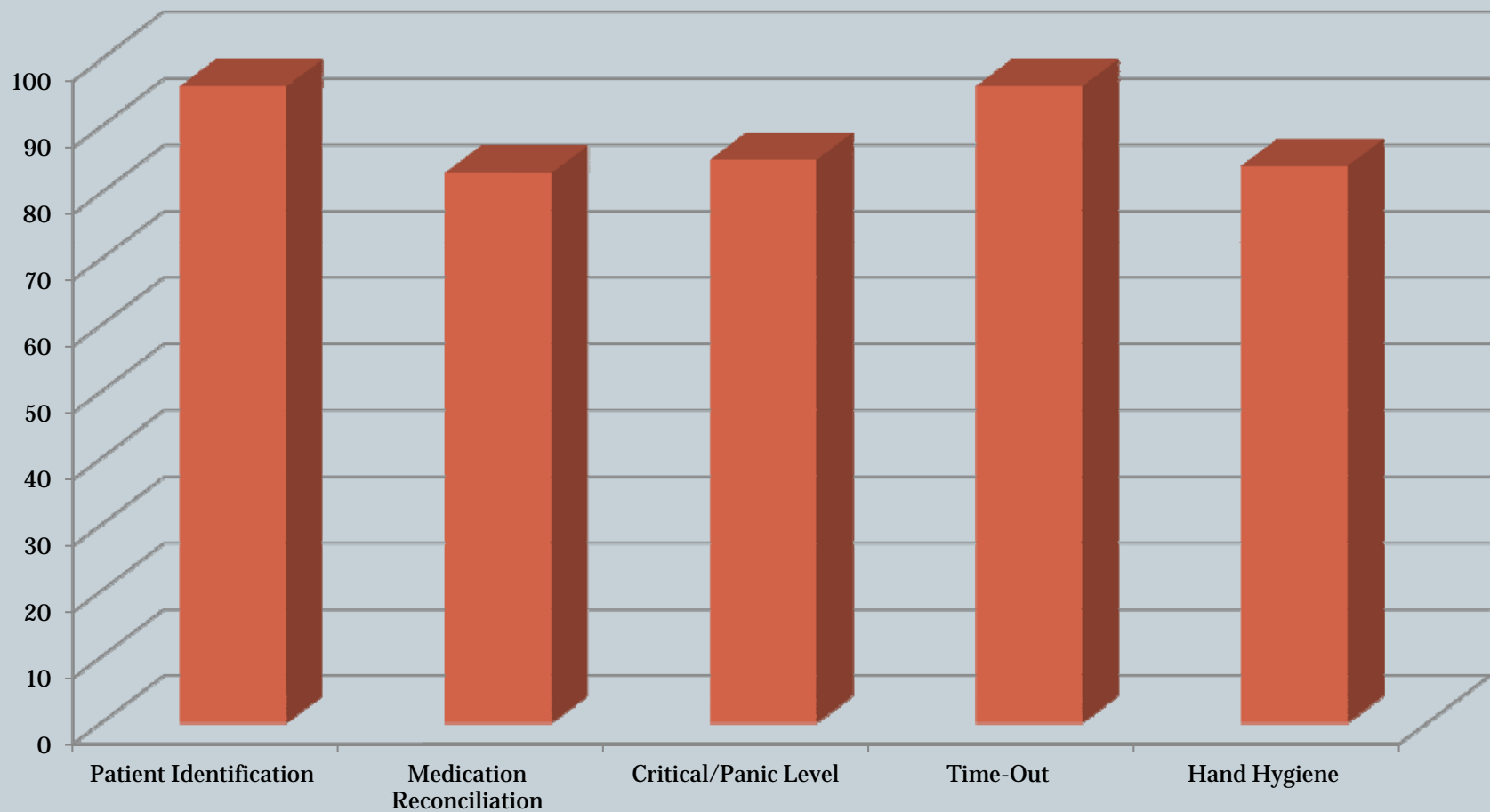
Influenza Immunization Rates 2009-2012

24



2012 National Patient Safety Goals % Compliance

25



ACHN Strategy for Improvement

26

- Transformation!
- Patient Centered Care
- Medical Homes
 - Team Based
 - Coordinated
 - Working at the top of licenses & skills
 - High- Touch
 - Care management of high risk



Patient Centered Medical Home Initiative

27

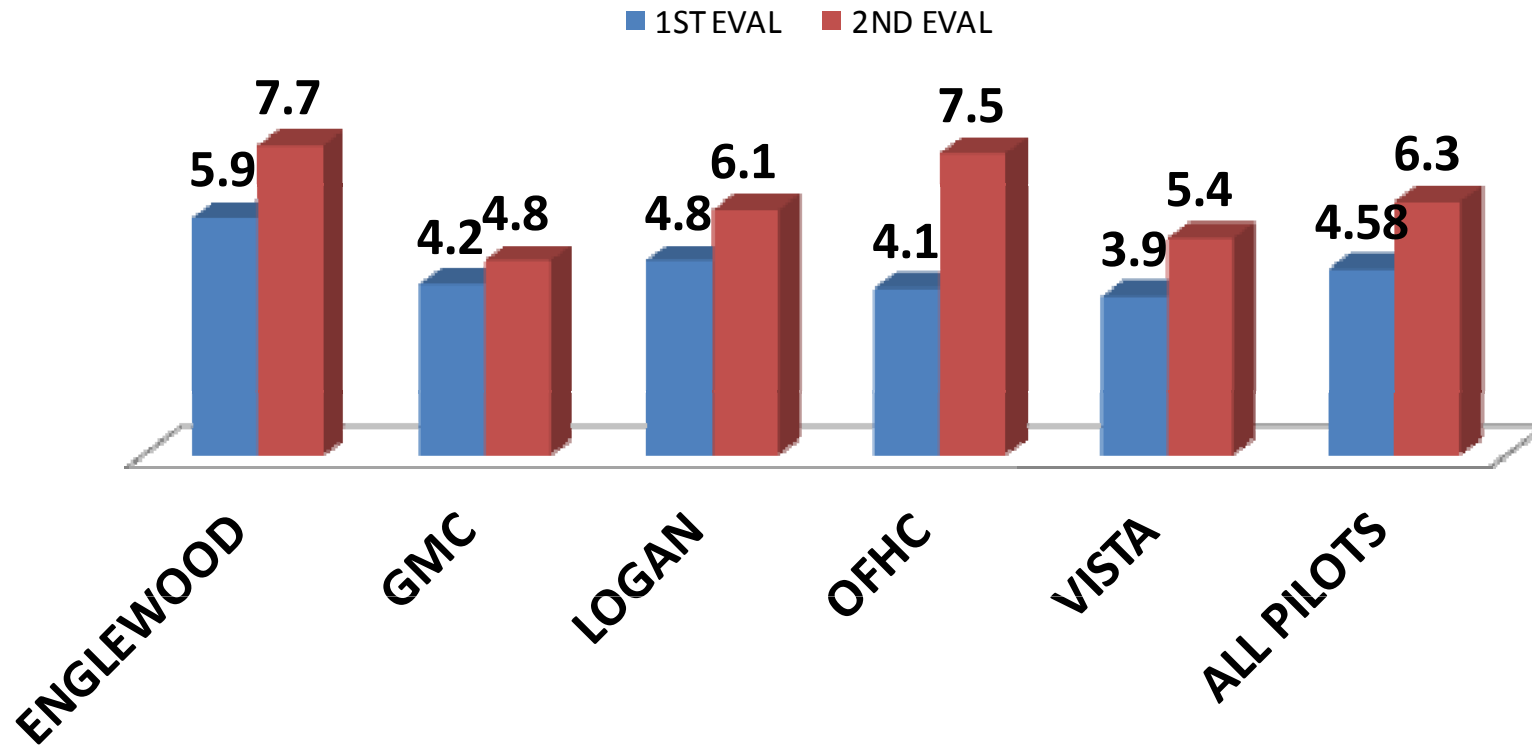
- Piloted in 5 sites from July-December 2012
- Rolling out to all primary care sites January through December 2013
- Complementary to CountyCare and in preparation for increase in managed care
- PCMH team:
- Denise Gilbert, Irv Pikelny, Steve Stabile
- Resources:
 - Staffing
 - Technology- Empanelment, CMapp

CMapp

28

- Will overcome the challenge of data
- Three main features:
 - Day-of-Care plan
 - Panel-based care
 - Panel management
 - Quality reporting by site, provider/team

SELF-ASSESSMENT - ALL PILOTS



1.0-3.9

limited progress with the PCMH components

4.0-6.9

basic progress with the PCMH components

7.0-9.9

reasonably good progress with the PCMH components

10.0-12.0

fully developed systems for the PCMH components areas

PCMH Components

30

- **Team-based care**
- **Empanelment**
- **Care Management**
- **Access**
- **Registry (Cmapp)**
- **High prevalence disease-specific care**

ACHN Quality Goals

31

Quality Measure	Benchmark
Diabetes Care	
A1c done annually for diabetics	82%
% diabetics with A1c <9	65%
Lipids done annually in diabetics	80%
LDL < 100 in diabetics	50%
Preventive	
Pap smears done this year or in previous three years women age 21-64, excluding hysterectomy	74%
% age 6 months+ on 8/1/12 that receive one or more flu vaccine 8/1/12-4/1/13	50%
% ≥ 65 with pneumococcal vaccine	81%
% of all patients screened for tobacco use and exposure	62.4%
% of all patients with intervention for tobacco use/exposure	85 %
% of women age 50-69 who received a mammogram in this year or the previous year	65%

Quality Goals (cont'd)

32

- **Asthma Care**

- Controller medication prescribed in past year for persistent asthmatics (mild, moderate or severe—i.e. all except mild intermittent) 80%
- % of asthmatics with influenza vaccine during influenza season as defined above

- **Behavioral Health**

50%

- % Patients age 13+ who had a screening with PHQ-2 10%

- **Access**

- PCP visit within 7 days following inpatient admission 50%,

- **Babies -a well-baby PCP visit within 11 days of discharge 90%**

- PCP visit within 7 days of ED discharge 50%

- Phone Access global score >80

- **Pediatric**

- % of children up-to-date with immunizations by 24mo 71%

- % of children with one lead result by age 12mo 72%

- % of children with two lead results by age 24mo 72%

- % of children with one ASQ by age 12mo; 65%

- % of children with one ASQ by age 12mo-24mo; 55%

- % of children with one ASQ by age 24mo-36mo 50%

Quality Goals (cont'd)

33

- **Maternal**
 - % with Tdap documented
 - Influenza vaccine 80%
 - % with HIV test 69.2 %
- **Safety**
 - Compliance with national patient safety goals 100%
- **Satisfaction**
 - Good or very good 80%

Any Questions?

34

- **Thank You!**

Cook County Health and Hospitals System
Quality and Patient Safety Committee Meeting Minutes
April 10, 2013

ATTACHMENT #2

John H. Stroger, Jr. Hospital of Cook County



Medical Staff Appointments/Reappointments and Non-Medical Staff Action Items Subject to Approval by the CCHHS Quality and Patient Safety Committee

INITIAL APPOINTMENT APPLICATIONS

Andablo, Araceli, MD Appointment Effective:	ACHN/General Medicine April 10, 2013 thru April 9, 2015	Active Physician
De Biase, Norbert, MD Appointment Effective:	ACHN/Family Medicine April 10, 2013 thru April 9, 2015	Active Physician

Initial Non-Physician Appointment Applications

Veliyathumalil, Jasseena B., CNP <i>With Babu, Ambika R., MD</i> Effective:	Medicine/Endocrinology April 10, 2013 thru April 9, 2015	Nurse Practitioner
---	---	--------------------

REAPPOINTMENT APPLICATIONS

Department of Emergency Medicine

Dissanayake, Vinodinee, MD Reappointment Effective:	Adult Emergency Services May 17, 2013 thru May 16, 2015	Voluntary Physician
Karydes, Harry, DO Reappointment Effective:	Emergency Medicine May 26, 2013 thru May 25, 2015	Consulting Physician
Nelson, Michael, MD Reappointment Effective:	Emergency Medicine May 17, 2013 thru May 16, 2015	Active Physician
Schwab, Theresa, MD Reappointment Effective:	Emergency Medicine May 14, 2013 thru May 13, 2015	Service Physician
Wu, Lisa, MD Reappointment Effective:	Adult Emergency Services May 17, 2013 thru April 9, 2015	Consulting Physician

Department of Family Medicine

Gibson, Sandy, DO Reappointment Effective:	Family Medicine April 11, 2013 thru April 10, 2015	Active Physician
Rodriguez, Vimarie, MD Reappointment Effective:	Family Medicine April 12, 2013 thru April 11, 2014	Active Physician

**CCHHS
APPROVED**

**BY THE QUALITY AND PATIENT SAFETY COMMITTEE
ON APRIL 10, 2013**

John H. Stroger, Jr. Hospital of Cook County
Reappointment Applications (continued)

Department of Medicine

Abiad, Homer de Guia, MD Reappointment Effective:	Infectious Disease May 17, 2013 thru May 16, 2015	Active Physician
Bangayan, Lorraine Y., MD Reappointment Effective:	Adult Cardiology May 17, 2013 thru May 16, 2015	Active Physician
Chou, Carmel, MD Reappointment Effective:	Hematology-Oncology May 17, 2013 thru May 16, 2015	Active Physician
Coelho, Giselle C., DMD Reappointment Effective:	Core Center May 17, 2013 thru May 16, 2015	Consulting Dentist
Dunea, George, MD Reappointment Effective:	Nephro/Hypertension May 19, 2013 thru May 18, 2015	Honorary Physician
Lachin, Zaia I., MD Reappointment Effective:	ACHN/General Medicine May 17, 2013 thru May 16, 2015	Active Physician
Lenhardt, Richard, MD Reappointment Effective:	Pulmonary & Critical Care May 26, 2013 thru May 25, 2015	Active Physician
Moswin, Arthur MD Reappointment Effective:	Infectious Disease May 17, 2013 thru May 16, 2015	Voluntary Physician
Patterson, Carol J., MD Reappointment Effective:	Hospital Medicine May 26, 2013 thru May 25, 2015	Voluntary Physician
Piller, Simon J., MD Reappointment Effective:	ACHN/General Medicine May 14, 2013 thru May 13, 2015	Active Physician
Rafiq, Muhammad, MD Reappointment Effective:	ACHN/General Medicine June 19, 2013 thru June 18, 2015	Active Physician
Shah, Sejal, MD Reappointment Effective:	ACHN/General Medicine May 14, 2013 thru May 13, 2015	Active Physician

Department of Obstetrics and Gynecology

Hansbrough, Valerie, MD Reappointment Effective:	OB/Gyne April 12, 2013 thru August 9, 2014	Affiliate Physician
Patel, Ashlesha, MD Reappointment Effective:	OB/Gyne April 17, 2013 thru April 16, 2015	Active Physician

CCHHS
APPROVED

BY THE QUALITY AND PATIENT SAFETY COMMITTEE
ON APRIL 10, 2013

John H. Stroger, Jr. Hospital of Cook County
Reappointment Applications (continued)

Department of Pediatrics

Aronson, Andrew, MD	Pediatrics/ Nephrology	Voluntary Physician
Reappointment Effective:	April 10, 2013 thru April 10, 2015	

Department of Psychiatry

Fuentes, Harold, Psy.D	Psychiatry/Core Center	Clinical Psychologist
Reappointment Effective:	May 26, 2013 thru May 25, 2015	

Kleinman, Amanda, MD	Dermatology	Voluntary Physician
Reappointment Effective:	April 12, 2013 thru April 11, 2015	

Ward Andrea, MD	Psychiatry	Active Physician
Reappointment Effective:	May 26, 2013 thru May 25, 2015	

Department of Radiology

Kelekar, Anita, MD	Imaging Center	Active Physician
Reappointment Effective:	May 15, 2013 thru May 14, 2015	

Thakrar, Jagdish, MD	Radiation Oncology	Consulting Physician
Reappointment Effective:	April 28, 2013 thru April 27, 2015	

Trepashko, Donald, MD	Nuclear Medicine	Active Physician
Reappointment Effective:	May 14, 2013 thru May 13, 2015	

Department of Surgery

Bove' Michiel, MD	Surgery/Urology	Active Physician
Reappointment Effective	April 10, 2013 thru April 9, 2015	

Grevious, Mark, MD	Surgery/General Surgery	Active Physician
Reappointment Effective	April 27, 2013 thru April 26, 2015	

Mahmariam, Robert, DPM	Surgery/Podiatry	Active Podiatrist
Reappointment Effective	April 27, 2013 thru April 26, 2014	

Renewal of Privileges for Non-Medical Staff

David, Prema, CNP	Medicine / General Medicine	Nurse Practitioner
With Irons, Sharon A., MD		
Effective	April 28, 2013 thru April 27, 2015	

DiGiacomo, Marie, CNP	Surgery / Pediatric Surgery	Nurse Practitioner
With Arensman, Robert, MD		
With Patel, Mita, MD	Pediatrics	
Effective	April 10, 2013 thru April 09/2015	

Item VI(A) – April 10, 2013

CCHHS Quality and Patient Safety Committee Meeting

Page 3 **BY THE QUALITY AND PATIENT SAFETY COMMITTEE**
ON APRIL 10, 2013

CCHHS
APPROVED



John H. Stroger, Jr. Hospital of Cook County
Renewal of Privileges for Non-Medical Staff (continued)

Lentz, Stacie E., PA-C With Schindbeck, Michael A., MD Alternate Lewis, Trevor MD With Rodriguez, Sergio H., MD Alternate Shah, Sejal MD Effective	Emergency Medicine Medicine / General Medicine April 28, 2013 thru April 27, 2015	Physician Assistant
Pacyga, Rosemary J., CNP With Herrera, Patricia, MD Effective	Medicine / Infectious Disease April 28, 2013 thru April 27, 2015	Nurse Practitioner
Shah, Palak K., PA-C With Richter, Harry M., MD Alternate Bonomo, Steven R., MD Effective	Surgery / General Surgery April 10, 2013 thru April 09, 2015	Physician Assistant
Sikora-Jackson, Ann M. PA-C With Schaider, Jeffrey MD Alternate Steven H. Bowman, MD With Shah, Sejal MD Alternate Rodriguez, Sergio H., MD Effective	Emergency Medicine ACHN / General Medicine April 28, 2013 thru April 27, 2015	Physician Assistant
Villaluna, Guia C., PA-C With Nguyen, Tuan M., MD Alternate Malapati, Radha, MD Effective	Ob/Gyne / Maternal Fetal Medicine April 10, 2013 thru April 09, 2015	Physician Assistant

Additional Privileges with no change in Appointment

Jorelle Alexander, DMD	Clinical Privileges in Oral Health	Active Dentist
------------------------	------------------------------------	----------------

Provident Hospital of Cook County



Medical Staff Appointments/Reappointments and Non-Medical Staff Action Items Subject to Approval by the CCHHS Quality and Patient Safety Committee

REAPPOINTMENT APPLICATIONS

Department of Surgery

Dwarakanathan, Surendar, MD
Reappointment Effective:

Ophthalmology
May 17, 2013 thru May 16, 2014

Affiliate Physician

Greenberg, David, MD
Reappointment Effective:

Ophthalmology
May 17, 2013 thru November 16, 2014

Affiliate Physician

Grevious, Mark, MD
Reappointment Effective:

Plastics
April 27, 2013 thru April 26, 2015

Affiliate Physician

CCHHS
APPROVED
BY THE QUALITY AND PATIENT SAFETY COMMITTEE
ON APRIL 10, 2013

A handwritten signature in black ink, appearing to be "J. S.", is written over the word "COMMITTEE" in the approval stamp.